

STATE OF CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

CONTRACT AMENDMENT

Contractor:

JEN Associates, Inc.

Contractor Address:

5 Bigelow Street, Cambridge, MA 02139

Contract Number:

12DSS1203BC / 999JEN-MED-02

Amendment Number:

A2

Amount as Amended:

\$660,000.00

Contract Term as Amended: 12/1/2012 - 3/31/2016

The contract between JEN Associates, Inc., (the Contractor) and the Department of Social Services (the Department), which was last executed by the parties and approved by the Office of the Attorney General on 12/18/15, is hereby further amended as follows:

1. The term of the contract is extended for an additional month, without additional cost, and the end date of the contract is changed from to 2/29/2016 to 3/31/2016. The additional time is required to complete the scope of work revisions related to the services that the Contractor currently provides related to data analysis and the Department's Medicare and Medicaid programs.

All terms and conditions of the original contract, and any subsequent amendments thereto, which were not modified by this Amendment remain in full force and effect.

SIGNATURES AND APPROVALS

12DSS1203BC/999JEN-MED-02 A2

The Contractor IS a Business Associate under the Health Insurance Portability and Accountability Act of 1996 as amended.

Documentation necessary to demonstrate the authorization to sign must be attached.

CONTRACTOR - JEN Associates, Inc.	
Danley M. Vinnor for DANIEL GILDEN, President	26/16 Date
DARlene M. O'Connor- Vice President for Strategic Planning	
DEPARTMENT OF SOCIAL SERVICES	
RODERICK L. BREMBY Commissioner	
OFFICE OF THE ATTORNEY GENERAL	
ASST.) Assoc. Attorney General (Approved as to form) Robert W. Clark	3 / 7 //6 Date



STATE OF CONNECTICUT CERTIFICATION OF STATE AGENCY OFFICIAL OR EMPLOYEE AUTHORIZED TO EXECUTE CONTRACT

Certification to accompany a State contract, having a value of \$50,000 or more, pursuant to Connecticut General Statutes §§ 4-250 and 4-252(b), and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Sign and date in the presence of a Commissioner of the Superior Court or Notary Public. Submit to the awarding State agency at the time of contract execution.

CERTIFICATION:

I, the undersigned State agency official or State employee, certify that (1) I am authorized to execute the attached contract on behalf of the State agency named below, and (2) the selection of the contractor named below was not the result of collusion, the giving of a gift or the promise of a gift, compensation, fraud or inappropriate influence from any person.

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

JEM ASSOCIATES, INC. Contractor Name	
Department of Social Services	
Awarding State Agency	
Jung B	2/26/2016
State Agency Official or Employee Signature	Date
Roderick L. Bremby	Commissioner
Printed Name	Title

Sworn and subscribed before me on this 26 day of Homes 2016

Commissioner of the Superior Court or Notary Public

My Commission Expires



STATE OF CONNECTICUT NONDISCRIMINATION CERTIFICATION — $\underline{\text{Affidavit}}$ By Entity

For Contracts Valued at \$50,000 or More

president. chairperson, member, or other corporate officer duly authorized to adopt corporate, company, or partnership policy that certifies the contractor complies with the nondiscrimination agreements and warranties under Connecticut General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended
under Connecticut General Bidiates 33 14 60(4)(1) and 14 654(4)(-)
INSTRUCTIONS:
For use by an entity (corporation, limited liability company, or partnership) when entering into any contract type with the State of Connecticut valued at \$50,000 or more for any year of the contract. Complete all sections of the form. Sign form in the presence of a Commissioner of Superior Court or Notary Public. Submit to the awarding State agency prior to contract execution.
AFFIDAVIT:
I, the undersigned, am over the age of eighteen (18) and understand and appreciate the obligations of
an oath. I am PRESIDENT of JEN ASSOCIATES, INC., an entity Signatory's Title Name of Entity
duly formed and existing under the laws of
I certify that I am authorized to execute and deliver this affidavit on behalf of
TEN ASSOCIATES, INC. and that JEN ASSOCIATES, INC. Name of Entity Name of Entity
has a policy in place that complies with the nondiscrimination agreements and warranties of Connecticut
General Statutes §§ 4a-60(a)(1) and 4a-60a(a)(1), as amended.
Authorized Signatory
Printed Name
74
Sworn and subscribed to before me on this 30 day of November, 20/5.
Bernooletts D. Valente June 30, 2017 Commissioner of the Superior Court/ Commission Expiration Date
Notary Public BERNADETTE D. VALENTIN
Notary Public

Commonwealth of Massachusetts



STATE OF CONNECTICUT GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Written or electronic certification to accompany a State contract with a value of \$50,000 or more, pursuant to C.G.S. §§ 4-250, 4-252(c) and 9-612(f)(2) and Governor Dannel P. Malloy's Executive Order 49.

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution and if there is a change in the information contained in the most recently filed certification, such person shall submit an updated certification either (i) not later than thirty (30) days after the effective date of such change or (ii) upon the submittal of any new bid or proposal for a contract, whichever is earlier. Such person shall also submit an accurate, updated certification not later than fourteen days after the twelve-month anniversary of the most recently filed certification or updated certification.

CHECK ONE:	☐ Initial Certification	☑ 12 Month Anniversary Update (Multi-year contracts only.)
		*
	Updated Certification	n because of change of information contained in the most d certification or twelve-month anniversary update.

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

1) "Contract" means that contract between the State of Connecticut (and/or one or more of it agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;

If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is a twelve-month anniversary update, "Execution Date" means the date this certification is signed by the Contractor;

"Contractor" means the person, firm or corporation named as the contactor below;

"Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);

"Gift" has the same meaning given that term in C.G.S. § 4-250(1);

"Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§ 4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am a Principal or Key Personnel of the person, firm or corporation authorized to execute this certification on behalf of the Contractor. I hereby certify that, no gifts were made by (A) such person, firm, corporation, (B) any principals and key personnel of the person firm or corporation who participate substantially in preparing bids, proposals or negotiating state contracts or (C) any agent of such, firm, corporation, or principals or key personnel who participates substantially in preparing bids, proposals or negotiating state contracts, to (i) any public official or state employee of the state agency or quasi-public agency soliciting bids or proposals for state contracts who participates substantially in the preparation of bid solicitations or request for proposals for state contracts or the negotiation or award of state contracts or (ii) any public official or state employee of any other state agency, who has supervisory or appointing authority over such state agency or quasi-public agency.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding Gifts by providing for any other Principals, Key Personnel, officials, or employees of the Contractor, or its or their agents, to make a Gift to any Applicable Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after January 1, 2011, neither the Contractor nor any of its principals, as defined in C.G.S. § 9-612(f)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for <u>statewide public office</u>, in violation of C.G.S. § 9-612(f)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after January 1, 2011 by the Contractor or any of its principals, as defined in C.G.S. § 9-612(f)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for <u>statewide public office</u> or the <u>General Assembly</u>, are listed below:

Lawful Campaign Contributions to Candidates for Statewide Public Office:

Contribution Date	Name of Contributor		Recipient		<u>Value</u>	Description	
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Contribution Date	Name of Contributor		Recipient		<u>Value</u>	Description	
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JEM	ASSOCIATES, -	THC.	· - ; -	Drinted	Name of A	L GLDEN uthorized Official	
Printed-Contrac	tor Name			Printed	Name of A		
Signature of	Authorized Official	Je.					
********			vledged before	me this 3d	day of	Nov. , 20 12	
	BERNADETTE D. VALE Notary Public Commonwealth of Massach	NTIN	Commission			ourt (or Notary Public)	
N N	ly Commission Expires June 30		My Commis	sion Expire			2
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STATE OF CONNECTICUT CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a bid or proposal for the purchase of goods and services with a value of \$50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§ 4a-81(a) and 4a-81(b). For sole source or no bid contracts the form is submitted at time of contract execution.

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete all sections of the form. If the bidder or contractor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. If the bidder or contractor has not entered into a consulting agreement, as defined by Connecticut General Statutes § 4a-81(b)(1): Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if there is any change in the information contained in the most recently fled affidavit not later than (i) thirty days after the effective date of any such change or (ii) upon the submittal of any new bid or proposal, whichever is earlier.
AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day:]
I, the undersigned, hereby swear that I am a principal or key personnel of the bidder or contractor awarded a contract, as described in Connecticut General Statutes § 4a-81(b), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, except for the agreement listed below:
DANIEL GILDEN PRESIDENT Consultant's Name and Title TEN ASSOCIATES, INC. Name of Firm (if applicable)
11 -30 - 15 Start Date O2 29 16
Description of Services Provided: LICENISED ACCESS TO CIPCITED MEDICALE
CONSULTING SERVICES, AND HUSTING SERVICES.
Is the consultant a former State employee or former public official?
If YES: Name of Former State Agency Termination Date of Employment
Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.
DEN ASSOCIATES, FAIC. (1)30/15
Printed Name of Bidder or Contractor Signature of Principal or Key Personnel Date
Printed Name (of above) Dert. of Social Social Awarding State Agency
- 3-th
Sworn and subscribed before me on this 30 day of November, 20/3.
BERNADETTE D. VALENTIN Commissioner of the Superior Court or Notary Public
Commonwealth of Massachusetts June 30, 2018
My Commission Expires June 30, 2017 My Commission Expires